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23 UNITED STATES DISTRICT COURT
24 FOR THE NORTHERN DISTRICT OF CALIFORNIA
25 SAN FRANCISCO DIVISION

26 AMERICAN FEDERATION OF
27 GOVERNMENT EMPLOYEES, AFL-CIO, et
28 al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

Case No. 3:25-cv-03698-SI

**DECLARATION OF DR. GEORGES C.
BENJAMIN, M.D.**

DECLARATION OF DR. GEORGES C. BENJAMIN, M.D.

I, Georges C. Benjamin, M.D. affirm:

1. I am the Executive Director of the American Public Health Association (“APHA”). I have served in that role since December 2002. I make this statement based on personal knowledge and if called as a witness could and would testify competently thereto.
2. APHA’s mission is to: “Build public health capacity and promote effective policy and practice.” APHA members include more than 23,000 individual public health professional members, as well as state and local health departments, organizations interested in health, and health-related businesses. APHA also coordinates with state and regional APHA affiliates across the nation. APHA members work in every discipline of public health, in every state, and in countries across the globe.
3. I am a graduate of the Illinois Institute of Technology and the University of Illinois College of Medicine. I am licensed to practice medicine in Maryland and the District of Columbia. I am board-certified in internal medicine and a Master of the American College of Physicians, a fellow of the National Academy of Public Administration, a fellow emeritus of the American College of Emergency Physicians, an elected member of the National Academy of Medicine (formally the Institute of Medicine) of the National Academies of Sciences, Engineering and Medicine, an honorary fellow of the Faculty of Public Health, and an honorary fellow of the Royal Society of Public Health.
4. Following graduation from medical school, I entered active duty in the Army where I completed a residency in internal medicine at the Brooke Army Medical Center in San Antonio, Texas. Upon completion of my residency in 1981, I was assigned to Madigan Army Medical Center in Tacoma, Washington and served as faculty and staff in the Department of Emergency Medicine. At Madigan Army Medical Center, I managed a 72,000-patient per year ambulatory care service as chief of the Acute Illness Clinic and

1 was an attending physician within the Department of Emergency Medicine. I was
2 reassigned in 1983 and from then until the spring of 1987, I served as Chief of Emergency
3 Medicine at the Walter Reed Army Medical Center.

4 5. Following my discharge from the United States Army in 1987, I was appointed as Chair of
5 the Department of Community Health and Ambulatory Care at the District of Columbia
6 General Hospital, serving in that post until December of 1990. From January 1990 to the
7 fall of 1991, I was the Acting Commissioner for Public Health for the District of
8 Columbia, and the Acting Director of the Emergency Ambulance Bureau in the District of
9 Columbia Fire Department. I returned to serve as the Interim Director of the Emergency
10 Ambulance Bureau from the fall of 1994 to the spring of 1995.

11 6. I served as the Secretary of the Maryland Department of Health and Mental Hygiene from
12 April 1999 to December 2002, following four years as its Deputy Secretary for Public
13 Health Services.

14 7. In April 2016, I was appointed by President Obama to the National Infrastructure Advisory
15 Council. In that role, I helped advise the President on how best to assure the security of the
16 nation's critical infrastructure. I served in this capacity until December of 2020.

17 8. The American Public Health Association was founded in 1872, at a time when scientific
18 advances were helping to reveal the causes of communicable diseases. These discoveries
19 laid the foundation for the public health profession and for the infrastructure to support
20 APHA's work.

21 9. From its inception, APHA has been dedicated to improving the health of all U.S. residents.
22 From its early days, two of APHA's most important functions have been advocacy for
23 adoption by the government of the most current scientific advances relevant to public
24 health, and professional and public education on how to improve community health.
25

1 Along with these efforts, APHA has also campaigned for developing well-organized health
2 departments at the tribal, federal, state, and local levels. Throughout its history, APHA has
3 served as an advisory to both Congress and the executive branch on matters of health
4 policy.

5 10. These functions of APHA have been disrupted and will face further severe and escalating
6 disruptions caused by the mass layoffs of employees across the federal government, and
7 specifically at the Department of Health and Human Services (“HHS”) and its component
8 sub-agencies, including the Centers for Disease Control and Prevention (“CDC”), the
9 National Institutes of Health (“NIH”) and the Food and Drug Administration (“FDA”).

10 11. The work of employees at these agencies is essential not only to APHA’s own mission but
11 to its members’ work and the discipline of public health itself. It is hard to overstate the
12 harm to public health that these massive cuts are causing and will continue to cause.
13 People will suffer unnecessarily from illness and disease, and mortality rates are likely to
14 climb.

15 **The Loss of Thousands of Employees at HHS Creates Serious Public Health Concerns.**

16 12. In late March 2025, HHS announced that it was laying off roughly 10,000 workers. An
17 earlier “fact sheet” put out by the agency listed layoff numbers by sub-agency: 3500 at the
18 FDA, 2400 at the CDC, 1200 at NIH, and 300 at the Centers for Medicare & Medicaid
19 Services (CMS). Five large HHS offices were shuttered: in New York City, Boston,
20 Chicago, Seattle, and San Francisco. See Fact Sheet: HHS’ Transformation to Make
21 America Healthx Again (last updated April 2, 2025). These 10,000 layoffs were in addition
22 to the agency’s loss of thousands of employees already in 2025.

23 13. HHS employees who received Reduction in Force (“RIF”) notices as part of this mass
24 layoff were immediately put on 60 days of “administrative leave,” during which time they
25

1 are not able to perform work but technically remain in the government's employ. After 60
2 days, they were told they will be formally separated from their employment. Because the
3 work of these employees ceased immediately, APHA members and the people they serve
4 have already suffered harm as a result of the mass cuts.

5 14. I understand that HHS has a formal agency reorganization plan that would detail exactly
6 which federal public health functions are no longer operating. The agency's choice to
7 forego transparency and withhold that plan has caused further harm by preventing APHA
8 members from being able to properly plan for the sort of gap-filling and increased services
9 that now fall on many of their shoulders.

10 15. However, given that swaths of HHS's critical work have either been severely disrupted or
11 stopped altogether, I understand that certain offices were cut so severely that they either no
12 longer exist or effectively no longer function.

13 16. At the CDC, these offices include, but are likely not limited to, the National Center for
14 Injury Prevention and Control; the National Center on Birth Defects and Developmental
15 Disabilities; the National Center for State, Tribal, National Institute for Occupational
16 Safety and Health; Local and Territorial Public Health Infrastructure and Workforce; the
17 Office of Health Equity; Office of Smoking and Health; and certain programs within the
18 National Center for Environmental Health including: the Asthma and Air Quality Branch,
19 Lead Poisoning Prevention and Surveillance Branch, and the Environmental Public Health
20 Tracking Branch. In addition, the status of several critical laboratories essential for public
21 health assessments used to inform policy-making have been closed or diminished. These
22 laboratories serve as the reference laboratories for the nation and, without them, making
23 well-informed decisions to protect public health becomes nearly impossible.

24 17. One example of immediate harm stemming from the sudden destruction of a function CDC
25 previously performed is currently playing out in the Milwaukee Public Schools. There, the

1 city's discovery of multiple children suffering from high levels of lead exposure led to an
2 investigation that uncovered the widespread presence of lead in the city's schools. Multiple
3 schools are currently closed as a result. The city reached out to the CDC's lead experts
4 early and had been relying on them to coordinate the response. In addition to technical
5 assistance, the CDC had agreed to send multiple employees to the city to help coordinate
6 the response. Before the CDC employees could be deployed, however, they were
7 terminated. Now, the CDC has formally denied Milwaukee's request for help.

8 Milwaukee's health department is left trying to scramble to fill the gaps in labor and
9 expertise caused by the sudden CDC cuts. *See Julie Bosman, Milwaukee's Lead Crisis:
10 Flaky Paint, Closed Schools and a C.D.C. in Retreat*, N.Y. Times (Apr. 18, 2025),
11 available at: <https://www.nytimes.com/2025/04/18/us/milwaukee-schools-lead-cdc.html>.

12 However, as this crisis is unfolding now, it would be impossible to immediately and fully
13 make up for the gaps caused by CDC's sudden exit. APHA has been a strong supporter of
14 protecting the public from preventable toxic exposures to lead. Many of our members have
15 worked on programs to reduce lead exposure and we have advocated for reducing lead in
16 the environment, the replacement of lead lined water pipes, and lead exposure mitigation in
17 buildings including schools and homes.

- 18 18. I am aware of reports that say over 200 positions were eliminated at CDC's National
19 Center for Injury Prevention and Control, which included teams that focused on child
20 maltreatment, rape prevention and education, traumatic brain injury, falls in the elderly,
21 and motor vehicle crashes. *See Wil Stone, With CDC injury prevention team gutted, 'we
22 will not know what is killing us,' NPR* (Apr. 22, 2025), available at
23 [https://www.npr.org/sections/health-news/2025/04/21/nx-s1-5371519/cdc-hhs-
24 injun-prevention-federal-layoffs](https://www.npr.org/sections/health-news/2025/04/21/nx-s1-5371519/cdc-hhs-injury-prevention-federal-layoffs). Additionally, an entire branch charged with analyzing
25 and tracking the injury center's data were fired, jeopardizing the federal government's
ability to systematically track serious and sometimes fatal injuries. The loss of these CDC

1 employees maintaining key databases also means that remaining CDC divisions focused on
2 overdose prevention and suicides are left without technical support to continue their work.
3 Like many of these personnel actions, the administration has been abrupt, wavering and
4 confusing in their implementation of RIFs and Reorganizations. For example, there is
5 some indication that a few of the aforementioned programs may be relocated to a new
6 agency, but details are hazy at best. This has created serious uncertainty about the status of
7 certain teams and offices within the federal workforce and the tribal, state, territorial and
8 local governmental agencies they support.

9 19. I am also aware that the CDC has dismantled other critical teams studying women's health
10 and fertility. For example, the CDC's Division of Reproductive Health faced significant
11 staffing cuts, which included the closing down of the Women's Health and Fertility
12 Branch. Additionally, all employees of a six-person "Reproductive Technology
13 Surveillance and Research Team" were fired. The team served as a central hub to track
14 information and research related to increasing access and reducing costs of IVF treatment.
15 See Tina Reed, *As Trump administration champions IVF, it cuts key CDC staff*, Axios
16 (Apr. 22, 2025), available at: [https://www.axios.com/2025/Q4/22/trump-ivf-cdc-fertility-](https://www.axios.com/2025/Q4/22/trump-ivf-cdc-fertility-staff-cuts)
17 [staff-cuts](https://www.axios.com/2025/Q4/22/trump-ivf-cdc-fertility-staff-cuts).

18 20. Lastly, the CDC has fired all 28 employees at a highly specialized lab known as the STD
19 Laboratory Reference and Research Branch. This lab worked on syphilis and multi-drug
20 resistant gonorrhea. These employees were world class experts with the "highest degree of
21 viral hepatitis expertise of any public health laboratory in the world." See
22 <https://www.theguardian.com/us-news/2025/apr/21/syphilis-trump-cuts-cdc-doe>. That
23 expertise, which could not be replicated in any other laboratory in the country, is now lost,
24 hurting STD and STI prevention work.
25

21. Massive cuts have also been carried out at the Administration for Children and Families (“ACF”) within HHS. The ACF helps promote the economic and social well-being of families, children, and local communities. Recently, it was reported that over “500 civil servants were fired across ACF program offices alongside tens of thousands of other HHS employees, many of whom regularly collaborate on cross-cutting initiatives with ACF.” *See* https://www.finance.senate.gov/imo/media/doc/acf_reduction_in_force_letter.pdf. Many offices have been directly impacted by these firings, including the Office of Family Assistance, Office of Community Services, Office of Child Care, Office of Child Support Services, and Children’s Bureau. Additionally, ACF has closed five out of its ten regional offices in Chicago, New York, Seattle, San Francisco, and Boston, which served millions of Americans.
22. These cuts have already endangered U.S. children because the cuts have eliminated the Division of State Systems within the Children’s Bureau. This division was responsible for overseeing the Comprehensive Child Welfare Information System (“CCWIS”) — the electronic case management system for child abuse and neglect monitoring. It includes information on child and family histories, services recommended and delivered, eligibility information, etc. All information that case workers and child welfare professionals need to support and safeguard vulnerable children. *Id.* The loss of CCWIS seriously harms the ability of state child welfare programs to protect children from abuse and neglect.
23. ACF also reportedly fired every single employee who administered the Low-Income Home Energy Assistance Program (LIHEAP), a program created by Congress to help cover the cost of heating and cooling bills for over 6 million people. *See* Brad Plumer, *Entire Staff Is Fired at Office That Helps Poorer Americans Pay for Heating*, N.Y. Times (Apr. 2, 2025), available at: <https://www.nytimes.com/2025/04/02/climate/trump-la}offs-energ}-assistance-lihcap.html>. These cuts threaten to leave children, seniors, and working families

1 without assistance to heat and cool their homes properly leaving them at risk during
2 episodes of extreme heat or cold.

3
4 24. Devastatingly, HHS cuts have hit research and public health initiatives working to improve
5 the safety and health of America's firefighters. The CDC's National Institute for
6 Occupational Safety and Health ("NIOSH") conducts research into how firefighters'
7 exposure to toxins and chemicals affect their physical and mental health. Much of this
8 research has been halted due to cuts at NIOSH. Additionally, I have seen reports that
9 federal workers running the Center for Firefighter Safety, Health and Well-being, which
10 includes the Fire Fighter Fatality Investigation and Prevention Program that "researches
11 why first responders get sick and die and how to prevent it," were laid off. *See* Alice
12 Miranda Ollstein and Sophie Gardner, *'A gut punch': Trump admin cuts wipe out*
13 *firefighter health and safety programs*, Politico (Apr. 25, 2025), available at:
14 [https://www.politico.com/news/2025/04/25/a-gut-punch-trump-admin-cuts-wipe-out-](https://www.politico.com/news/2025/04/25/a-gut-punch-trump-admin-cuts-wipe-out-firefighter-health-and-safety-programs-00308864)
[firefighter-health-and-safety-programs-00308864](https://www.politico.com/news/2025/04/25/a-gut-punch-trump-admin-cuts-wipe-out-firefighter-health-and-safety-programs-00308864). Additionally, the majority of the team
maintaining the CDC's National Firefighter Registry for Cancer were terminated.

15 25. Lastly, I am aware that layoffs and budget cuts to NIOSH have shuttered a federal
16 program, the Coal Workers' Health Surveillance Program, that screens coal miners for
17 black lung disease. *See* Maxine Joselow and Ricky Carioti, *Trump touts 'clean coal' — but*
18 *cuts programs that protect miners*, The Washington Post (Apr. 25, 2025), available at:
19 [https://www.washingtonpost.com/climate-environment/2025/04/21/coal-miners-health-](https://www.washingtonpost.com/climate-environment/2025/04/21/coal-miners-health-safety-cuts/)
20 [safety-cuts/](https://www.washingtonpost.com/climate-environment/2025/04/21/coal-miners-health-safety-cuts/).

21 26. These unprecedented firings have already harmed the health of the American people and
22 have created conditions where more serious public health crises are more likely to occur.
23 The firings have thus directly harmed APHA by inhibiting its ability to carry out its long
24 standing mission to improve public health.
25

Staffing Cuts to HHS Agencies Have Already Harmed and Will Continue to Harm APHA and its Members.

27. State and local government agency members of APHA have long relied on CDC staff as the people to call immediately when a public health crisis suddenly emerges. CDC has invested resources in building relationships with these state and local departments, so that health officials on the ground know who to contact at the CDC when an emergency arises. Even if some of CDC's functions are "reorganized" to a new department or division, state and local government agencies have already suffered harm from the sudden firing of their once-reliable CDC contacts. Now, state and local health officials simply do not know who to call. Quick response time matters enormously in the early stages of a public health emergency, and the lack of ready federal contacts inhibits that.

28. Moreover, the aforementioned closure of five regional offices at HHS—in New York City, Boston, Chicago, Seattle, and San Francisco— impacts APHA's members and affiliates who live in those areas. Members in those areas had longstanding relationships with employees in those offices and relied on their technical assistance and expertise during both ordinary times and in times of public health emergency.

29. In addition to relying on HHS to provide expertise, guidance and support during emergencies, agency members of APHA, including state and local health departments, rely on the CDC to provide timely and crucial information about public health threats, which is particularly critical given the risks posed by current and emerging disease outbreaks. During the 2024-2025 flu season, cases spiked to the highest levels in at least 15 years, and the CDC has assessed the severity of this flu season as "high." Texas is experiencing a significant and worsening measles outbreak; multiple children have died. And measles cases have been reported in several additional states. Avian influenza continues to spread across the country in poultry and dairy cows, as well as in 70 human cases, according to

1 current CDC data. As the worldwide spread of COVID-19 demonstrates, it is also vital for
2 U.S. public health agencies and workers to stay informed about diseases in other countries,
3 including current outbreaks of diseases such as mpox, Ebola, and polio.

4 30. Cuts to CDC staff delay testing and analysis of data and disrupt the established channels
5 local health departments depend on for this crucial information. Previously, when
6 probationary CDC employees were terminated *en masse*, State and local agency APHA
7 members experienced communications blackouts, during which they stopped receiving
8 regular briefings from the CDC. APHA members report that these periods of time have
9 caused significant confusion, instability, and disruption. Without access to the CDC's data
10 and expertise, state and local health departments must devote additional time and scarce
11 resources to monitoring and gathering as much up-to-date information as possible through
12 other sources.

13 31. Testing and monitoring provided by the CDC is also critical to early disease detection and
14 response that can reduce the spread and severity of outbreaks. Given the size of the cuts to
15 the CDC—around one-fifth of its workforce—crucial data will be missed or delayed.
16 Earlier this year, even the weeks of disruption and continuing uncertainty caused by the
17 terminations of a far smaller number of probationary employees stationed at airports and
18 land borders to conduct health inspections increased the risk that as-yet-undetected
19 diseases entered the country through travelers or animals. New or worsening outbreaks of
20 diseases would severely strain state and local health departments and particularly threaten
21 the safety of public health workers, including APHA members, across the country.

22 32. APHA has heard from at least one member that its wastewater testing program, which
23 tested for COVID-19 in wastewater and provided a critical early warning for COVID-19
24 outbreaks in the area, effectively shut down overnight due to the HHS cuts.
25

33. In addition, APHA's core mission includes public education on public health, including outbreaks and public health crises. APHA relies on multiple facets of HHS's work to support its public education efforts, from disease-specific expertise to validation of laboratory tests, from data collected and disseminated by CDC, to scientific research conducted and funded by NIH. Incorrect or delayed data threatens APHA's mission, risks damaging public trust in public health advice, and can lead to worsening outbreaks. With multiple laboratories at CDC suffering extreme cuts, I understand that CDC is no longer able to perform many of these functions.

34. The severe cuts to NIH leave APHA members less equipped to actually respond to public health emergencies. NIH oversees 27 institutes and centers and is the top public funder of medical research on everything from vaccines for emerging pandemic threats to targets for new drugs.

The HHS Already Made Staffing Mistakes that Hurt the APHA and its Members.

35. HHS itself has previously recognized that at least some of the sudden staff cuts it has made this year were mistakes. I am aware that Robert F. Kennedy Jr. stated that at least 20% "of those [employees fired at HHS] are going to have to be reinstalled, because we'll make mistakes." See Cheyenne Haslett, *RFK Jr. announces HHS reinstating some programs, employees cut by mistake*, ABC News (Apr. 3, 2025), available at: <https://abcnews.go.com/Politics/rfk-jr-announces-hhs-reinstating-some-programs-employees-cut/story?id=120463293>. For example, employees who worked in the public records office at NIH, travel coordination staff at the Food and Drug Administration, and 29 workers previously fired from the National Institute of Neurological Disorders and Stroke were all asked to return to work after receiving termination notices. *Id.* But because of the way that people, including APHA members and the people they serve, rely on HHS services-the

1 disruption of firing and re-hiring itself causes harm. They have yet to correct many of these
2 alleged mistakes.

3 36. Additionally, over the weekend of February 15 and 16, 2025, the CDC initially terminated
4 more than 700 probationary employees across various roles. Roughly three weeks later,
5 well over a hundred of those employees were offered their positions back. They include the
6 CDC's Lab Leadership Fellows, who had been working on projects such as lab aid in
7 American Samoa to establish dengue virus testing capacity, evaluation of leading
8 commercial dengue rapid diagnostic tests for regulatory approval in the United States,
9 creation of a validated test for mpox in wastewater, and validation of a measles and mumps
10 diagnostic PCR test. Re-hired employees also include some who were stationed at ports of
11 entry all around the country to conduct health screenings for disease.

12 37. This previous mass termination of probationary employees at HHS had an adverse impact
13 on APHA and its members, including through diminished support for critical programs
14 tracking and disseminating public health information, cuts to staff overseeing vital research
15 projects, and increased uncertainty for APHA's members across the country. The most
16 recent cuts far exceed the probationary cuts—in part because the newer firings are further
17 reducing an already-reduced staff—magnifying this harm for APHA's members.

18 38. Because of the mass layoffs of HHS employees, APHA has already had to devote
19 additional resources to compensate for reductions in public health advice and information
20 available through HHS. APHA staff are spending significant time fielding member
21 questions and talking to both members and the media to provide information about the
22 current measles outbreaks around the country. Based on APHA's experience providing
23 public education during the COVID-19 pandemic, it is highly likely that disruptions to the
24 work of the CDC will require APHA to take on a larger public education role in any
25 nationwide public health crisis, including if the measles outbreaks continue to spread.

1 Unfortunately, however, APHA would not be able to compensate entirely for the loss of
2 the CDC's ability to properly respond to a public health crisis. Further, in order to mitigate
3 the reduction of information available to its members, APHA is also likely to have to
4 devote its own resources to housing public health data previously stored and made
5 available by the federal government.

6 39. Cuts at agencies beyond HHS have also already harmed APHA and its members. For
7 example, staffing and programmatic cuts at AmeriCorps were so severe that it has
8 essentially ended many AmeriCorps programs and curtailed support for members serving
9 in communities around the country. Public Health AmeriCorps is designed to support the
10 recruitment, training, and development of the next generation of public health leaders who
11 will be ready to respond to the nation's public health needs, and APHA's participation
12 includes educating these members about public health, connecting them to leaders and
13 networks, and helping them find careers. This APHA program has been severely impacted
14 by these reductions, and uncertainty by staff and partners about the status of the
15 AmeriCorps and this work has made it difficult to best accomplish planned deliverables.
16 PHAC is designed to train individuals to strengthen their communities' capacity to
17 improve health and well-being, and a large proportion of the members are at the very start
18 of their careers and so would benefit from networking and skills-building. With limited
19 support from AmeriCorps and CDC, the ability of APHA to build capacity and to improve
20 community health and the workforce that serves communities through the PHAC program
21 will be curtailed. Improving the health of our communities is a core APHA priority.


22 40. APHA members also receive grants from almost all public health service agencies,
23 including the CDC, the Health Resources and Services Administration and NIH. Over 40%
24 of APHA members are students and academics focused on public health and related fields,
25 many of whom rely on NIH program officers and staff to manage grants and proposals for
public health research. The termination of probationary program officers at NIH means

1 that APHA members relying on grant funding have lost needed assistance with progress
2 reports for ongoing grants and revisions to submitted proposals, disrupting both current
3 research studies and planned projects.

4 41. The staffing cuts at HHS have caused APHA direct financial harm and will continue to do
5 so. APHA is funded through multiple revenue streams, including membership dues and
6 profits from conferences. APHA offers memberships at discounted rates to those who are
7 suffering financial hardship—for example, if they are unemployed. After the mass layoffs
8 at HHS, APHA began to get increased requests for discounted membership rates from
9 members who needed to renew their membership. Shrinking the membership dues revenue
10 stream will hurt APHA’s finances and inhibit its ability to carry out its mission.
11 Additionally, APHA has a large conference scheduled in Washington, D.C. for later this
12 year. APHA derives significant revenue from this conference, and the D.C. location
13 ordinarily draws the largest crowd; we projected 13,000 attendees before the massive HHS
14 staffing cuts. Now our projections are lower, as many federal workers, and grant-funded
15 public health professionals who previously attended have been fired, and increased burdens
16 on non-federal public health workers will mean less funding for travel to things like
17 conferences.

18 42. Disruptions and uncertainty in research funding cause multiple cascading harms to
19 APHA’s mission to improve public health. As an immediate consequence, many students
20 and researchers are forced to find other work if the projects they are working on are
21 interrupted or if they cannot get approval for planned research. Some may leave the field
22 entirely, reducing the pipeline of qualified public health workers available in the future.
23 Finally, the disruptions impede possible scientific advances that would come out of
24 projects designed to—in the words of NIH’s mission—“seek fundamental knowledge
25 about the nature and behavior of living systems and the application of that knowledge to
enhance health, lengthen life, and reduce illness and disability.”

1 43. I declare under penalty of perjury under the laws of the United States that the foregoing is
2 true and correct. Executed this 25th day of April, 2025 in Gaithersburg, Maryland.
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4 
5 Georges C. Benjamin, M.D.
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